

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
MONTHLY COBRA PREMIUM RATES
JULY 1, 2006 TO JUNE 30, 2007
ACTIVE PLANS

BENEFIT PLAN	TYPE OF COVERAGE	COBRA PREMIUM
HMSA PPO Medical Plan	Single	\$259.95
	Family	\$783.89
HMSA Dual Medical Plan	Single	\$144.12
	Family	\$439.82
HMSA Prescription Drug Only Plan	Single	\$50.02
	Family	\$153.93
Kaiser Medical Plan	Single	\$270.38
	Family	\$811.18
Royal State Dual Medical Plan	Single	\$40.80
	Family	\$127.50
MBAH Chiropractic Plan	Single	\$1.37
	Family	\$2.85
HDS Dental Plan	Single	\$29.25
	Family	\$83.59
HDS Dual Dental Plan	Single	\$17.21
	Family	\$49.77
VSP Vision Plan	Single	\$5.79
	Family	\$12.46
VSP Dual Vision Plan	Single	\$2.58
	Family	\$5.57